

EXHIBIT 7

(Exhibit 5 to the Settlement Agreement)

Verification of Income Form

*You may qualify for a settlement award if you participated in TASC's Possession of Marijuana Deferred Prosecution Program and you were extended on the program because of your inability to pay TASC's program fees. Please answer the following questions to the best of your ability to see if you may qualify as a member of the class who will receive an award. **Please check the box for each answer as it applies to you.***

1. Were you on the TASC Marijuana Diversion Program between August 2016-August 2020 for more than 90 days?

☐

Yes

Go to
Question
2

☐

No

If you
selected
no

2. Did you receive any of the following means-tested (low income) public benefits while participating in the TASC program:

- Welfare
- Arizona's Cash Assistance
- Food or nutritional assistance (like SNAP or WIC)
- Housing assistance (like Section 8)
- Child care assistance, Medicaid or Arizona's AHCCCS, or
- Disability benefits (like SSDI or SSRI)

STOP

Unfortunately, you do
not qualify as a class
member

☐

Yes

If you
selected
Yes

☐

No

Go to
Question
3

STOP

You **MAY QUALIFY** as a
class member. Please
verify this information
by filling out the
Claims Form on the
last page

3. While participating in the TASC program, did your household earn an average approximate income of less than \$24,000 per year (or \$2000 per month)?

☐

Yes

If you
selected
Yes

STOP

You **MAY QUALIFY** as a
class member. Please
verify this information
by filling out the
Claims Form on the
last page

☐

No

If you
selected
No

See Household Income
Chart on Next Page

Household Income Chart

If you answered "No" to Question 3, follow these directions. In Column 1 of the following chart, please find the household composition that best describes your household while you were participating in the TASC program. Then look at the income limit for that household composition in Column 2. While participating in the TASC program, did your household's average approximate income fall under that income limit in Column 2? If so, check the box in Column 3.

<u>Column 1</u>	<u>Column 2</u>	<u>Column 3</u>
You Lived in a Household Consisting of:	And You Believe Your Average Approximate Household Income was Less Than:	Check This Box:
Any number of people	\$24,000/year (or \$2000/month)	<input type="checkbox"/>
1 adult and 1 minor child	\$46,000/year (or \$3800/month)	<input type="checkbox"/>
1 adult and 2 minor children	\$60,000/year (or \$5000/month)	<input type="checkbox"/>
1 adult and 3 minor children	\$85,000/year (or \$7000/month)	<input type="checkbox"/>
1 adult and 4 minor children	\$102,000/year (or \$8500/month)	<input type="checkbox"/>
2 adults and no minor children	\$37,000/year (or \$3100/month)	<input type="checkbox"/>
2 adults and 1 minor child	\$55,000/year (or \$4600/month)	<input type="checkbox"/>
2 adults and 2 minor children	\$69,000/year (or \$5700/month)	<input type="checkbox"/>
2 adults and 3 minor children	\$91,000/year (or \$7700/month)	<input type="checkbox"/>
2 adults and 4 minor children	\$108,000/year (or \$9000/month)	<input type="checkbox"/>

**Household is defined as a group of people who live together and share resources and expenses, such as spouses or parents and children. However, it does not include sharing housing with roommates where you do not share resources such as food. In the roommate scenario, you would be a household of 1.*

**Minor children are defined as children younger than 18.*

**Income numbers based on the Self Sufficiency Standard's 2018 data and income levels.*

**Do any of the options in the chart above apply to you?
(Did you check any of the boxes in Column 3 off?)**

Yes

STOP
You **MAY QUALIFY** as a class member. Please verify this information by filling out the Claims Form on the last page

No

If you do **not** see your household composition and income in the chart above, **but you feel you may still qualify for the class because you were unable to afford TASC's program fees** (based on your household composition and income during the time you were enrolled in TASC) please fill out the information below:

- Number of adults in your household: ____
- Number of minor children in your household: ____
- Total average approximate household income either yearly or monthly: _____
- Any other information about household composition or income while on TASC that you feel is relevant to determining your eligibility for the class: _____

Claims Form

*If you believe you may qualify for the class, please verify the information you filled out above by completing this form. For your claim to be considered, you **must** sign the declaration that you submit this information under the penalty of perjury*

Your name: _____

Your current address: _____
Street Address

City

State

Zipcode

Declaration: I declare under the penalty of perjury per 28 U.S.C. § 1746 that the foregoing information in this form is true and correct to the best of my knowledge and ability.

Signature: _____

Date (MM/DD/YYYY): _____